List All Family Members (Parents/Guardians and dependent children under the age of 18) *(family members aged 18 and above are to register separately)*

| Member | Head of House | Spouse | Child | Child | Child | Child |
|---|---|---|---|---|---|---|
| **Full First Name and Middle Initial** | | | | | | |
| **Nickname** | | | | | | |
| **Last Name** *(if different from head of house, or maiden name if head of house)* | | (Maiden Name) | | | | |
| **Gender (M/F)** | | | | | | |
| **Date of Birth** *(MM/DD/YYYY)* | | | | | | |
| **Religion** *(Catholic/Lutheran, etc.)* | | | | | | |
| **Occupation** | | | | | | |
| **Employer** | | | | | | |
| **Student (Y/N)** | | | | | | |
| **School Attending** | | | | | | |
| **Current Grade** | | | | | | |
| **Baptized (Y/N)** | | | | | | |
| **First Communion (Y/N)** | | | | | | |
| **Confirmed (Y/N)** | | | | | | |
| **Reconciliation (Y/N)** | | | | | | |
| **Date of Marriage** | | | | | | |

## Parish Ministries

Please list any ministries you have performed in the past, or would like to volunteer for here at St. Charles Parish. Please write your name or your family member's name after the ministry. Thank you for supporting St. Charles Parish!!

**Liturgy:** *(Lector, Eucharistic Minister, Usher, Greeter, Server, Sacristan)* _____

_____

**Music:** *(Adult, Teen, or Children's Choir, Cantor, Musician)* _____

_____

**Human Concerns:** *(St. Vincent de Paul, Communion to the Sick, meals and rides for the homebound, Grief Support Ministry, etc.)* _____

_____

**Adult Faith Formation:** *(RCIA, Adult Confirmation, Bible Study)* _____

_____

**Christian Formation:** *(Catechist, Teacher's Aide, Parent Volunteer)* _____

_____

**St. Charles School:** *(Teacher's Aide, Tutor, Lunch Room Supervisor, etc.)* _____

_____

**Parish Athletics:** *(Coach, Open Gym Volunteer, Fall Fest Volunteer)* _____

_____

**Adult & Family Ministry:** *(Elizabeth Ministry, Easter Egg Hunt, Jesus & Me, Nursery, Adult Faith Sharing, etc.)* _____

_____

**General Parish:** *(Building & Grounds, Bakers, Collection Tellers, Parish Council, Office Volunteers, Spring & Fall Clean Up, etc.)* _____

_____

**Scouting:** *(Boy Scouts, Cub Scouts, Girl Scouts, Daisy Scouts)* _____

_____

**Youth Ministry:** _____

## St. Charles Catholic Church Parish Registration

**Parish ID #** _____ **Registration Date** _____

**Mr. & Mrs.** ___ **Mr.** ___ **Mrs.** ___ **Ms.** ___ **Miss** ___ **Dr.** ___ **Other** ___
*(please place a check after the title you prefer)*

**Last Name:** _____

**Head of Household:** _____
*(first name)* *(middle initial)* *(maiden name if applicable)*

**Spouse:** _____
*(first name)* *(middle initial)* *(maiden name if applicable)*

**Address:** _____

**City, State, Zip:** _____ **Home Phone:** _____

**Head of Household:**
**E-mail Address:** _____

**Work Phone:** _____ **Cell Phone:** _____

**Spouse:**
**E-mail Address:** _____

**Work Phone:** _____ **Cell Phone:** _____

**Marital Status:**

**CHU** ___ *(married by Catholic Priest or by Minister with Church permission)*
**MAR** ___ *(married by Minister, Justice of the Peace, etc.)*
**SINGLE** ___ **SEPARATED** ___ **DIVORCED** ___
**WIDOW/ER** ___ **REMARRIED** ___

**Previous Parish:** _____
*(name)* *(city/state)*

**Will Church Envelopes be used? Yes** ___ **No** ___ **E-Giving** ___

**Mass I/We usually attend** _____
*(5:00 pm, 7:15 am, 9:00 am, 10:45 am, 6:00 p.m.)*